PT C/58/06 (08/03)
Approved for use through 7/3 1/2008, ONI8 0691-0002
U.S. Pateni and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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	TAL CLAIMS CFR 1.15(4)		minus 2				1	X 5		OR	**	
IN C	CFR 1.14(b))		minus 3 =				1		<del> </del>	1	1	
	ATIPLE DEPENDENT	CI NH DDESE		p7 CFR 1,18(d)			1	· · · ·	<u> </u>	- CR	1×2	<del> </del>
							J	•1	<del> </del>	OR	+1	ļ
. 4	the difference in out	umn 1 is less th	an zero, e	enter "O" in column	2.			TOTAL		OR	TOTAL	
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	ひらびら	(Column 1)		(Column 2)	ίC	dumn 3)		SMALL	ENTITY	OR		R THAN ENTITY
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Ž	Independent	-	Minus	- 17	1-		•	<del>                                     </del>	/	CR	* · · · ·	/
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0	120,00	<i>y</i>	•			• •		ADD'L FEE	l	OR	TOTAL' ADDL FEE	
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₹	FIRST PRESENTATION OF MULTIPLE DEPONDENT CLASM (37 CFR 1, M(d))				$\vdash$	$\dashv$ _			OR	X \$		
_	FIRST PRESENTATE	ON OF MALTIPU	DEPEND	ENLOTWIN (31C)	R 1,16	(4)		+s =		OR	+1	
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NTC	171131011	CLAIMS REMAINING AFTER MENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		SENT TRA		RATE	ADOS- TIONAL		RATE .	ADDI- FIONAL
AMENOMENT	Total -	19	Mines	-41	•	$\neg$	i	X 8	_ FEE			FEE
ž	Independent (37 CFA 1.1807)	7	Minus	3	•					OR	* 3	<del></del>
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT QLAIM (21 OFR 1.1869)					-	X \$=		OR	X 8	<del></del>	
	FUNDI PREDENTATE	A CP BULTPLE	-	THE GLANT GIT OF	R 1.16	<u> </u>	ı	* s =		'OR	+ 5 =	
			_		•			ADOL: FEE		OR	ADDI FEE	<u>·                                    </u>
٠.	If the entry in column If the "Highest Num	vi 1 is less that iber Previously bor Previously	Paid For	IN THIS SDACE	-	Man 20 -		. 201		•	•	•

"If the "righest Number Previously Paid For" IN THIS SPACE is test than 3, enter "J".

The "righest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in options 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to life (and by the USPTO to process) an application. Confidentiality in governed by 25 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO inter will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be earn to the Chief the formation Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450.

DONORESS, SEND TO: Committee on the patients, P.O. Box 1450, Alexandria, VA 22313-1450.

<sup>&#</sup>x27; If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.